

**DIFFERENCES OF ADHERENCE AND QUALITY OF LIFE
BETWEEN HYPERTENSIVE PATIENTS AND HYPERTENSIVE
PATIENTS WITH COMORBID
(Study conducted at Puskesmas Area Surabaya)**

Firda Aulia Rahman

ABSTRACT

Pharmacists have a role in applying pharmaceutical care related drug therapy problems (DTP) to achieve the desired therapy outcomes and improve the quality of life of patients. Adherence plays an important role in the treatment of chronic diseases, such as hypertension. Hypertension is said to be silent killer and also often found other co-morbid diseases and require long-term therapy that often leads to non-adherence that can impact on quality of life.

In this study, the measurement of adherence and quality of life in groups of hypertensive and hypertensive patients with comorbid was conducted in 15 Puskesmas in Surabaya. This research was conducted on February 2018 until May 2018 using non random sampling technique with total number of 70 respondents.

Adherence measurements used valid ARMS questionnaires (r calculated $> r$ table ($\alpha = 0.05$; $df 68$) $> 0, 0.235$) and reliable (α chronbach = $0.820 > \alpha$ criteria = 0.7). Measurements of quality of life used CDC-HRQoL 4 questionnaire which has been forward backward translation to obtain the Indonesian version of the questionnaire and done external validity with SF-36 questionnaire and showed significant correlation and reliable value (α chronbach = $0.727 > \alpha$ criteria = 0.7)

In the different test using Mann Whitney obtained the sig value in total score of ARMS is 0,841, self-rated health domain is 0.348, physical health domain is 0.986, mental health domain is 0,532, activity limitation days domain is 0.230, unhealthy health is 0.709. When H_0 is accepted, there is no significant difference in adherence and quality of life between hypertensive patients and hypertensive patients with co-morbid (sig (P) > 0.05).

Keyword : adherence, quality of life, hypertension, co-morbid, ARMS, CDC-HRQoL